

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV. 10/92)

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CLAIMANT'S NAME Barbara Kaufman			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Office of Governor, San Francisco		
POSITION Director			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS Governor's Office			HEADQUARTERS ADDRESS 455 Golden Gate Ave., Suite 14,000			TELEPHONE NUMBER		
CITY San Francisco			STATE CA			ZIP 94102		

MONTH/YEAR 6/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
09-Apr		San Francisco							7.00		0.00		7.00
											0.00		0.00
09-Apr		San Francisco							7.00		0.00		7.00
											0.00		0.00
12-Apr		San Francisco							7.00		0.00		7.00
											0.00		0.00
16-Apr		Richmond							4.00	35	17.50		21.50
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	25.00	35	17.50	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$42.50	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

100 Black Women lunch--BK attended --GAS message

San Francisco Building Trades annual reception

Jewish Vocational Services (JVS) annual "Strictly Business" lunch--GAS messages

Richmond Rotary---BK featured speaker

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

5ZGU718

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241106

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

6/18/10

SIGNATURE

T

DATE

6/23/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE